The final calculation of \$2,950 in line 26 is the amount that should be entered in line 3 of Part II. Here are the correct answers for lines 22 through 26 of Part III:

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|-------------------------|---|----|--------|
| Part III                | 12 Enter the total amount of <b>dependent care benefits</b> you received for 2005. This amount should be shown in box 10 of your Form(s)  |    |        |
| Dependent care benefits | W-2. <b>Do not</b> include amounts that were reported to you as wages in box 1 of Form(s) W-2.  | 12 |        |
|                         | 13 Enter the amount forfeited, if any. See the instructions.  | 13 |        |
|                         | 14 Subtract line 13 from line 12.   | 14 |        |
|                         | Enter the total amount of <b>qualified expenses</b> incurred in 2005 for the care of the qualifying person(s).  |    |        |
|                         | 16 Enter the smaller of line 14 or 15.  | _  |        |
|                         | 17 Enter your earned income. See the instructions. 17   |    |        |
| 1                       | 18 Enter the amount shown below that applies to you.  |    |        |
| <b>V</b> ,              | <ul> <li>If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5).</li> <li>If married filing separately, see the</li> </ul>                                    |    |        |
|                         | instructions for the amount to enter.  • All others, enter the amount from line 17.   |    |        |
|                         | 7 th others, office the amount from the 17.   | _  |        |
|                         | <b>19</b> Enter the <b>smallest</b> of line 16, 17, or 18.  |    |        |
|                         | <ul> <li>Excluded benefits. Enter here the smaller of the following:</li> <li>The amount from line 19, or</li> <li>\$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 18).</li> </ul> | 20 |        |
|                         | 21 Taxable benefits. Subtract line 20 from line 14. Also, include this  |    |        |
|                         | amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB."  | 21 |        |
|                         | To claim the child and dependent care credit, complete lines 22–26 below.   |    |        |
|                         | 22 Enter \$3,000 (\$6,000 if two or more qualifying persons).   | 22 |        |
|                         | 23 Enter the amount from line 20.   | 23 |        |
|                         | 24 Subtract line 23 from line 22. If zero or less, <b>stop.</b> You cannot take the credit. <b>Exception.</b> If you paid 2004 expenses in 2005, see the instructions for line 9.   | 24 |        |
|                         | 25 Complete line 2 on the front of this schedule. <b>Do not</b> include in column (c) any benefits shown on line 20 above. Then, add the amounts in column (c) and enter the total here.  | 25 |        |
|                         | 26 Enter the smaller of line 24 or 25. Also, enter this amount on line 3  | 26 |        |

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